


AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 121036-057	
Applicant(s): Iwao MORIYAMA et al.						
Application No. 10/620,928	Filing Date July 16, 2004	Examiner Marie Reddick	Customer No. 35684	Group Art Unit 1713	Confirmation No. 8853	
Invention: ACRYLIC ELASTOMER AND ITS COMPOSITION						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	3 -	20 =	0 x	\$18.00	\$0.00	
INDEP. CLAIMS	1 -	3 =	0 x	\$86.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2136 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.						
 Signature			Dated: August 6, 2004			
Filed via facsimile transmission.						
<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Typed or Printed Name of Person Mailing Correspondence </div>						
cc:						

PTO/SB/17 (1-03)

Approved for use through 04/30/2003. OMB 0651-0032
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**FEE TRANSMITTAL
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **\$220.00****Complete if Known**

Application Number	10/620,928
Filing Date	July 16, 2003
First Named Inventor	Iwao MORIYAMA et al.
Examiner Name	Marie Reddick
Group Art Unit	1713
Attorney Docket No.	121036-057

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other
<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account:		3. ADDITIONAL FEES	
Deposit Account Number	12-2136	Large Entity	Small Entity
Deposit Account Name	BUTZEL LONG	Fee Code (\$)	Fee Code (\$)
The Commissioner is authorized to: (check all that apply)		Fee Description	
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments	
<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application			
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			
FEE CALCULATION		Fee Paid	
1. BASIC FILING FEE			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing	
1003 520	2003 280	Plant filing fee	
1004 750	2004 375	Reissue filing	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND			
Extra Claims		Fee from below	
Total Claims	-20** = 0	X = 0.00	
Independent Claims	-3** = 0	X = 0.00	
Multiple Dependent			
Large Entity	Small Entity		
Fee Code (\$)	Fee Code (\$)	Fee Description	
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2) (\$)		50.00	
**or number previously paid, if greater; For Reissues, see above			
4. OTHER FEES			
Other fee (specify)		Terminal Disclaimer Fee	
		110.00	
SUBTOTAL (3) (\$)		220.00	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Michael S. Gzybowski	Registration No.	32,816
Signature		Telephone	734-995-3110
		Date	August 6, 2004

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